

FASD: Knot Alone

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Fighting FASD: An up-“Hill” Battle

Parents and doctors and kids, oh my! Those were just some of the nearly 50 people who trekked through the halls of Congress on May 18 for the second annual Hill Day, sponsored by the National Organization on Fetal Alcohol Syndrome (NOFAS). The event gives people from across the country a chance to share important FASD issues with members of Congress and their staff. Eight delegations from 14 States, including children, teens, and young adults with an FASD, met with Representatives, Senators, and legislative aides.

Hill Day Legislative Priorities

- Reintroduce and pass the Advancing FASD Research, Treatment, and Support Act.
- Create functional diagnostic criteria for alcohol-related neurodevelopmental disorder.
- Expand programs to prevent, identify, and treat FASD in community and Indian health centers.
- Include FASD in the upcoming revision to the *Diagnostic and Statistical Manual of Mental Disorders*.
- Develop educational and screening programs on FASD for families in the armed forces.
- Include prevention-based language in the STOP Underage Drinking Act.
- Include FASD education and intervention components in the Head Start authorization.
- Pass the Indian Health Care Implementation Act.

Participants encouraged members of Congress to join the Congressional Caucus on Fetal Alcohol Spectrum Disorders and to sponsor FASD legislation (see sidebar). Hill Day coordinator Adam Little,



Alaska delegation member Deb Evensen-Hill and Adam Little of NOFAS

former director of policy and government affairs for NOFAS, stressed the importance of getting the message across that people care about FASD. He said, “The people who are talking are the voices for those who aren’t.” He also emphasized the need to fund FASD programs, saying, “This issue is in between so many issues and doesn’t have a home.”

In This Issue

NOFAS Hill Day

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Parents especially wanted to get the word out about FASD and how difficult it can be for families. Cindy Whitcomb of New York has a son, Tyler, with fetal alcohol syndrome (FAS) and a daughter, Natali, with Down syndrome. She commented that Down syndrome is much easier than FAS. She was excited to be part of her second Hill Day, saying, "This is a way to help Tyler turn something negative into something positive and help others." Whitcomb is also active in her State as a member of the task force on FASD created by the New York State FASD Prevention Initiative subcontract with the FASD Center.

Kathy Kidd-Wuest of Wisconsin joined the Midwest delegation with her son, Justin, a 15-year-old with FAS. It was their first time at Hill Day. Justin was excited to talk to Congressman Jim Ramstad of Minnesota, co-chair of the Congressional Caucus on FASD. Rep. Ramstad asked where Justin was from and how school was going. Kathy said the Congressman was "very down-to-earth and very open about things. It was very interesting, to say the least." When asked if he was having fun, Justin gave an enthusiastic, "Heck yeah!"

For some, the need for services is acute. Amber Kesterson, Executive Director of the California Fetal Alcohol Spectrum Organization (CALFAS), says that needs are not being met. Like many children with an FASD, her six children do not meet some of the eligibility requirements. She



Maryland Delegation and Rep. Chris Van Hollen

Preparing for Hill Day takes a lot of work. Each year, NOFAS conducts an extensive review of materials to give to members of Congress and their staff. This year focused on:

- Expanding the Congressional Caucus on FASD
- Reintroducing S.2741, Advancing FASD Research, Treatment, and Support Act
- Supporting continued funding for the NOFAS Community Health Center Program
- Holding a hearing on FASD
- Cosponsoring the STOP (Sober Truth on Preventing) Underage Drinking Act
- Requiring professions regulated by Federal agencies and State systems to include FASD-related items on their licensing/credentialing exams
- Increasing funding for transitional services such as vocational rehabilitation and adult living centers

Ed Riley, Co-Chair of the FASD Center's Steering Committee and a professor at San Diego State University, reviewed the latest research on FASD. NOFAS staff reviewed various NOFAS programs. Kathy Mitchell, Vice President of NOFAS, emphasized the need for unity, saying, "There is nothing scarier than a group of parents and advocates that won't take no for an answer." With that theme in mind, the delegations met to plan their strategy. Delegations were from:

- Alaska and South Dakota
- California
- Illinois
- Maryland
- Michigan, Minnesota, and Wisconsin (Midwest)
- New York
- Florida and Virginia (South)
- Oregon, Utah, and Washington (West)





Sliv Carlson, Rep. Jim Ramstad, and Sue Terwey

noted, “Our kids don’t qualify for services, so we’re winging it.” Kesterson would like to see a “safer world for our children. With the right supports, they can be successful.” She also stressed the importance of prevention, saying, “I’ve never met a mom who didn’t want a happy, healthy baby.”

Kesterson brought her oldest son, Tony, who is graduating eighth grade. He has been studying U.S. history, so Kesterson thought Hill Day would be a good lesson. Tony is an honor roll student and was voted most likely to succeed by his class. Others are not so lucky.

Walt Teichen from Illinois expressed concern about the lack of appropriate facilities for people with an FASD and wondered, “How many people out there are going to jail?” His 24-year-old son was diagnosed with an FASD 4 years ago and has had trouble with the law. Teichen and his wife conduct awareness activities in Illinois and brought a laptop with a video of a WGN story on FASD that featured his family.

Professionals echoed the parents’ concerns. Sue Wood, a social worker with a public defender’s office in Washington, is learning about FASD and how it can affect legal cases. For example, FASD can be used as a mitigating factor in sentencing. Sliv Carlson of Minnesota grew up

on the Red Lake Reservation, where her father was a school superintendent. Back then no one knew about FASD. She is now a member of the Minnesota Organization on Fetal Alcohol Syndrome, which is focusing on additional funding for public education and diagnostic clinics.

Carlson and her colleague, Sue Terwey, met with Congressman Jim Ramstad. She was pleased that they had time to share their priorities. She also noted that FASD is a natural fit for Rep. Ramstad, given his work in health and disabilities.

After a productive day on the Hill, many participants ended the evening with the NOFAS Leadership Awards Benefit. Among the speakers and honorees was Rep. Steny Hoyer, a founding member of the Congressional Caucus on FASD. Rep. Hoyer quoted the late President Kennedy in speaking of children with disabilities: “Although these children have been the victims of fate, they shall not be the victims of our neglect.” He urged everyone to take action to address FASD.

Former Senator Tom Daschle spoke of his continuing involvement in FASD issues. He said, “I believe in our lifetime, we can change the world.” He noted that more people are getting involved and said, “I think in the future we’re going to need a bigger room.”



Photo by Nikki Antenucci

Sen. Tom Daschle



From the Field

Choline Supplements May Improve Learning and Memory in People With Prenatal Alcohol Exposure



Researchers studying therapies for FASD have found that choline supplements may help. Dr. Jennifer Thomas, a National Institute on Alcohol Abuse and Alcoholism (NIAAA) grantee, and colleagues at San Diego State University are studying the effects of choline on several alcohol-induced behavior problems. In their study, choline decreased hyperactivity in alcohol-exposed rats. It also improved spatial and working memory.

Choline is essential for normal function of all cells. In the body, choline is an integral part of the lipid bilayer of cell membranes. It is also a component of the myelin sheath that surrounds nerve fibers.

Choline is needed for the synthesis of acetylcholine. Acetylcholine is an important neurotransmitter involved in memory storage and muscle control. Adequate choline intake is crucial during pregnancy to ensure that the fetal brain and memory function develop properly.

Several NIAAA-supported researchers have shown that prenatal alcohol exposure changes how body systems use acetylcholine. Many problems seen in persons with an FASD are consistent with damage to the cholinergic system of the hippocampus. The hippocampus is an area of the brain that modulates learning and memory. Alcohol effects include:

- Hyperactivity
- Passive avoidance deficits (difficulty learning to avoid behaviors with negative consequences)
- Impairments in spatial and working memory

Recent research has shown that choline supplements in the perinatal period of normal rats can improve a number of cognitive tasks that rely on acetylcholine system. Thus, Dr. Thomas reasoned that choline supplements might be an effective treatment for persons with a FASD. In her

New on the Web

FASD-The Basics, an educational presentation, can be viewed at the FASD Center Web site (fasdcenter.samhsa.gov). Available in PDF, PowerPoint, and HTML, FASD-The Basics can be downloaded for use at workshops, meetings, and other settings. The slide presentation covers terminology, FASD and the brain, prevention and risk reduction, symptoms and difficulties of FASD, diagnosis, treatment, and strategies to improve outcomes for persons with an FASD.

study, pregnant rats were given ethanol throughout gestation. The offspring showed deficits in a spatial memory discrimination task when tested as adults. When choline was given during the early postnatal period, alcohol-exposed offspring performed as well as animals not exposed to alcohol.

The studies were extended to test the effects of choline supplements on behavior after exposure to alcohol during the brain growth spurt, equivalent to the human third trimester. Choline effectively reduced hyperactivity and improved performance on a serial spatial discrimination reversal task. However, choline treatment had no effect on alcohol-induced deficits in motor balance and coordination. Choline's effects may only reduce cognitive deficits and behavior problems related to hippocampal dysfunction. Dr. Thomas continues to study the effectiveness of choline intervention at different time periods and on other tasks related to deficits seen in persons with an FASD.

CDC Cooperative Agreements Fund Interventions for Children With an FASD

Finding effective interventions for children with an FASD can be like looking for a needle in a haystack. Many interventions have not been evaluated. To bring order to what has been a patchwork process, the Centers for Disease Control and Prevention (CDC) provided the first Federal funding to develop and test interventions specifically for children and families affected by FASD.

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Each of the following sites is testing an intervention in specific functional domains for children ages 2 to 12 years:

- University of Oklahoma, Oklahoma City (Parent-Child Interaction Therapy)
- University of Washington, Seattle (Behavioral consultation and social communication interventions)
- Marcus Institute, Atlanta (Readiness-for-learning strategies and math skills for improving cognition)
- Children's Research Triangle, Chicago (Neurocognitive habilitation and psychotherapy services)
- University of California at Los Angeles (Parent-assisted social skills training with particular attention to development of best friend relationships)

The interventions address three goals:

1. Maximize developmental potential.
2. Reduce the risk of FASD-related problems such as mental illness.
3. Provide education and support to caregivers and families.

In addition, all sites educate parents about their child's condition, appropriate skills for parenting children with an FASD, and advocating for their child.

As the sites enter their last phase of funding, they are completing participant recruitment and study protocols. However, preliminary findings indicate that specific cognitive and behavioral skills can be improved for participating children. All sites have found that parenting knowledge and skills can be improved for participating caregivers. This improves family functioning and reduces stress, creating a better home environment for the child and family.

The next step for this work is integrating the findings into existing health care and educational settings. To read more about these projects, visit CDC's Web site at www.cdc.gov/ncbddd/fas/intervening.htm.

Arizona Continues FASD Activities

The Arc of Arizona Prevention Committee hosted a training of trainers meeting. Thirty people from around Arizona were trained with a curriculum produced by the Arc of New Jersey. In addition, the FAS Community Resource Center trained 5,000 people across the United States in the first quarter of 2005.

Two support groups were formed, one in Lake Havasu City and the other in Phoenix. Vicki Brewster and Irene Jones have been appointed the FAS Community Resource Center family support coordinators for these respective areas.

Following the 2004 Hope for Women in Recovery Summit in Phoenix, a new group is forming in Tucson for birth mothers. Pat Hoagland will lead the group. In addition, the FAS Center in Tucson planned a summer seminar for teens and adults in Arizona who have an FASD to launch a support group.

Arizona State Representative Linda Lopez is working to pull together a task force or workgroup. She wants the group to address prenatal drug exposure as well as FASD. She is contacting key persons in the State to participate. The first meeting will be held in the next few months as an orientation that will include a brief training on FASD issues.

The FAS Community Resource Center Web site continues to grow as families, professionals, students, and teachers seek information on FASD prevention and intervention. The Web site had 70,000 unique visitors in April, a 40 percent increase from last year. The site has photos and personal stories, news and research reports, online



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presentations, an online bookstore, a lending library, handouts and brochures, online support groups, intervention strategies, awareness and prevention ideas, conference summaries, resource lists, and book reviews. Visit the site at www.come-over.to/FASCRC.

Minnesota Recognizes MOFAS as the Leader in FASD Initiatives

After 5 years of work, the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), is being recognized

as the leader in FASD initiatives. MOFAS will be able to coordinate efforts in Minnesota through a legislative appropriated transfer of funds from the Commissioner of Health. The scope of work includes management and coordination, research and evaluation, diagnosis, intervention and support for individuals with an FASD, public awareness, professional education, and community grants.

MOFAS has discussed the most effective way to develop a statewide presence for FASD. They have decided that the most effective model will be to develop community-based efforts linking resources, staff, and community grants. Over the next 3 years, MOFAS will collaborate within communities to provide diagnosis, resources, and support for families living with an FASD. MOFAS will also work to create partnerships to educate the public about the importance of not drinking during pregnancy.

Critical partners include families affected by FASD, racial and ethnic minority groups such as American Indians, tribal governments, and various professionals. A major goal will be to address family issues, cultural norms, and community strengths. The opportunity to develop and implement a comprehensive, community-based plan is challenging. However, MOFAS has realized

the need to work creatively in creative to expand the current capacity of existing systems, replicate model programs, and develop new partnerships with multiple organizations.

For more information about MOFAS and the FASD Statewide Initiative, contact Joyce Holl, Executive Director, at 651-917-2370 or joyce@mofas.org.

Guest Editorial: Nathan Guimont

Nathan L. Guimont is in the Navy. He is currently stationed in Italy with Command Navy Region Europe, Public Affairs. He has been married for 10 years to Sidney, who has an FASD. In this editorial, he talks about his experiences as the husband of a woman prenatally exposed to alcohol.

Sidney and I met through a mutual friend, Nancy. They were best friends throughout high school. Our memory of our first encounter is different for each of us. The first time I recall seeing Sidney was at Nancy's house. I was visiting in the spring of 1991. I wasn't looking for a relationship at the time, because of a previous relationship that went sour. My heart had been broken and I didn't want to get involved with anyone. Then I joined the Navy and was stationed in San Diego.

Around mid-December 1994, I received a phone call from Sidney. She was moving to San Diego to live with her sister while she attended a dog grooming school. After a New Year's Eve party with some friends, we decided to start dating. A couple weeks later I asked Sidney to marry me. I hadn't realized that the whole time I was avoiding a relationship with her, I truly, in my heart, wanted to be with her from the beginning.

After only 6 months of dating we had a spontaneous wedding. I was deployed for the month of July in 1995 on the nuclear aircraft carrier USS Nimitz. I found out during deployment that when the ship returned to homeport, we were going to have a Dependents'



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Cruise, which is a time for the crew to ask any two family members or friends to come out to the ship and go to sea for a day. I got this crazy idea that getting married at sea would be perfect. I asked her if she was okay with the idea and she said, “Yes, I would love to!”

I submitted the request through my Chain of Command and it was a go. I invited family members from both sides, a total of 17 people. One of them was Nancy, who was 8-1/2 or 9 months’ pregnant at the time. Sidney and I were married on July 29, 1995. She had a lot more stresses than I did, because she had to prepare for the wedding. I worked most of the day and didn’t have much time to get ready. It was, however, a beautiful moment in time for the both of us.

We are about to celebrate our 10th wedding anniversary. I can’t say it has been easy. We had moments every 2 years where one of us thought that it wasn’t going to work out, up through our sixth year of marriage. We almost separated in 2001 just before I went on a 6-month deployment. That was probably the hardest one. All in all, we have stuck through it and now our marriage is stronger than ever. People still say they can’t believe we have been married for 10 years. We still have that exciting, crazy love that we had when we were dating. It’s a great feeling.

When it comes to doing chores around the house, I make the meals, because apparently Sidney thinks I’m a great cook. Sidney handles the bills and does a better job than I ever had. Cleaning around the house is a collective effort (now). In the beginning and for many years I felt like I was doing everything. Now, Sidney does the laundry and the dishes and keeps the house, overall, looking very nice and clean. She now understands that with working all day, I don’t have much time to do many of the chores. She takes care of what she can during the day, so we can spend time together in the evening.

At least this is what it is like for me. Sidney doesn’t have full blown fetal alcohol syndrome. She has struggled throughout her life, especially in school and dealing with everyday issues, such as how to get directions, how she wants to look (hair in particular), what to do for the day, talking to people on the phone (making appointments or talking with billing companies, etc). Sidney doesn’t have the blatant physical features of someone with FAS, so it has made it harder for her to deal with normal everyday issues, because everyone looks at her as being normal.

If you, or someone you know is in a situation, in a relationship with someone with an FASD, you need to have patience and understanding first and foremost. One of the hardest things I’ve come to learn is to completely understand how Sidney feels about things, or how her mind works. How she deals with life’s daily issues is an ongoing struggle for me. Today is better than it used to be, but I still have moments when I have a hard time understanding her. Don’t try to run their lives. Be supportive and encouraging when it comes to making decisions, but don’t try and make the decisions for them.



On the Road Again: FASD Center Training Update

The birds have flown back for spring, and the FASD Center’s trainers have flown out. This spring, trainers gave 22 presentations in 9 States and Canada. More than 700 people participated. Topics included:

- FASD Medical Overview and Behavioral Interventions
- Intervention Mapping Strategies for Assisting Children Affected by Alcohol in Utero
- FASD: Ages 0-5, FASD in Children Ages 5-12, and FASD With Teenagers



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Dear Dan



I was wondering about the legal implications when a mother continues to drink alcohol while pregnant. Can she be involuntarily committed to an inpatient treatment center?

Legal Noneagle

Dear Legal:

As you can imagine, keeping up with the laws of 50 States and the District of Columbia is a daunting task. SAMHSA's FASD Center periodically checks for new bills related to FASD, but we find it difficult to remain current. There are many bills and it can take a long time for them to be adopted or rejected. Also, many legislatures can add secondary issues as riders, which can cause the issue of FASD to get buried.

To date the Center has found one State, South Dakota, that allows pregnant women to be committed. The statute says that an intoxicated person who is pregnant and abusing alcohol or drugs may be committed to an approved treatment facility for emergency treatment. In addition, various laws require physicians and other health care providers to report when a pregnant woman is or has been drinking. Only South Dakota requires reporting to criminal justice officials.

In most States, reporting alcohol use by pregnant women appears to be related to providing services and treatment to individuals and their families. Types of services mentioned in reporting laws include needs assessments, chemical dependency assessments, referral for chemical dependency treatment, counseling, and referral for prenatal care. Missouri has a time limit on when services must be initiated.

State reporting statutes in Kentucky and Missouri prohibit the use of such reports as evidence in a criminal case. The concern is that prosecutors may use hospital records or legally mandated reports as evidence of child abuse. South Dakota's provision is

unique. The Public Health and Safety Chapter of the State's Prevention of Alcohol and Drug Abuse statute specifically includes prenatal exposure to abusive use of alcohol in its definition of an abused or neglected child.

The other States that have reporting requirements concerning alcohol use by pregnant women are California, Illinois, Massachusetts, Minnesota, North Dakota, and Oregon. Some States, such as Florida, Georgia, New Mexico, and Wisconsin, give pregnant women priority for alcohol treatment slots.

Recently, a few States have passed laws related to alcohol use during pregnancy. In 2003, Arizona passed a law that determines that neglect of a child may include alcohol use by the birth mother during pregnancy. Illinois and New York passed similar laws in 2004 and 2005. In 2004, South Carolina adopted a law presuming that a newborn is abused or neglected if (1) the child has a diagnosis of fetal alcohol syndrome (FAS), (2) a blood or urine test on the mother or newborn shows the presence of any controlled substance not used for medical treatment, or (3) the mother has another child with a diagnosis of FAS. In addition, a diagnosis of FAS can be used as grounds to remove a child from the mother's custody. Also in 2004, Virginia added FAS to its required reporting laws.

If you're interested in your State laws, visit your local law library or a law school library. You can also search your State legislature's Web site. A helpful Web site is www.findlaw.com, which has links to various Web sites with State codes. Good luck with your research.

Have a question for Dan?

E-mail fasdcenter@samhsa.gov and include "Dear Dan" in the subject line. Letters may be edited for content and space. Please indicate whether you want your name and State published.



- Co-Occurring Disorders
- Socialization Coaching
- Loss and Grieving
- Lessons From International Collaboration Between Canada and the United States on FASD in Indigenous Communities
- If the Eyes Have No Tears, the Soul Has No Rainbow: A Training on FASD
- Improving Outcomes: Identifying and Treating Substance Abuse in Women To Prevent FASD
- Supporting Intergenerational Wellness by Recognizing and Preventing FASD
- Working With Children With Challenging Behaviors and Their Families: Improving Outcomes by Recognizing Underlying Disorders
- Raising a Son With an FASD
- FASD: Effects of Prenatal Alcohol on Behavior and Brain

Spring events included the National IHS/SAMHSA and Behavioral Health Conference on Alcohol, Substance Abuse, and Mental Health 2005, trainings in England, Mississippi Adoptions Conference, Memphis FASD Conference, and Utah FASD Summit.

Want to know more? Contact our Information Resource Center at 866-STOPFAS (786-7327), e-mail fasdcenter@samhsa.gov, or complete the Training/Technical Assistance Request Form on our Web site, fasdcenter.samhsa.gov.

Kudos!

On behalf of SAMHSA and its FASD Center, thank you for providing valuable feedback on the following documents:

Fact Sheets

- Susan Astley, PhD, University of Washington
- Jacqueline P. Butler, MSW, LISW, consultant

- Judge Linda Chezem, National Institute on Alcohol Abuse and Alcoholism
- Elizabeth P. Dang, MPH, Centers for Disease Control and Prevention
- Susan Doctor, PhD, consultant
- Pam Gillen, RN, ND, University of Colorado Health Sciences Center
- Karen Stern, PhD, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

Draft Certified Addictions Counselors Curriculum

- Susan Adubato, PhD, Northern New Jersey FASD Center of Excellence at New Jersey Medical School Department of Pediatrics
- Sharon Amatetti, MPH, Center for Substance Abuse Treatment
- Jacqueline P. Butler, MSW, LISW, consultant
- Rachel Crichlow, BSW, CSC-AD, Mountain Manor
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- Linda White Young, Center for Substance Abuse Treatment
- Maria Yellow Horse Brave Heart, PhD, The Takini Network



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Upcoming Events

National Alcohol & Drug Addiction Recovery Month, September 1-30, 2005, nationwide

For more information, call the Substance Abuse and Mental Health Services Administration, 240-276-2750, or visit www.recoverymonth.gov/.

6th International FASD Awareness Day, September 9, 2005, worldwide

For more information, visit www.come-over.to/FASDAY/ or www.fasworld.com/home.ihtml.

Pregnant Pause Event: Take a Pregnant Pause...Don't Drink Alcohol During Pregnancy, September 9, 2005, Mankato, Minnesota, and Twin Cities area

For more information, contact the Minnesota Organization on Fetal Alcohol Syndrome, 651-917-2370, e-mail info@mofas.org, or visit www.mofas.org/pregnantpause.htm.

FASD Symposium, September 10, 2005, Mülheim, Germany

For more information, e-mail Annika Thomsen, annikathomsen@aol.com.

National Addictions Counselor Day, September 20, 2005, nationwide

For more information, contact the Director, Public Relations, National Association of Alcoholism and Drug Abuse Counselors, 800-548-0497, or visit www.naadac.org.

Alliance for Full Participation Summit, September 21-24, 2005, Washington, DC

For more information, call Carol Walsh, 301-706-6252, e-mail

walshworks@mindspring.com, or visit www.allianceforfullparticipation.org/main/.

Fetal Alcohol Spectrum Disorders: Into Action, September 22-24, 2005, Portland, Oregon

For more information, call Wendy Temko, 503-621-1271, or e-mail dmalbin@fascets.org.

Beyond Diagnosis: Interventions for Individuals Living With Fetal Alcohol Spectrum Disorder, September 23-24, 2005, Toronto, Ontario, Canada

For more information, e-mail Doug Nugent, delrayhardware@aol.com.

Substance Exposed Newborns: Weaving Together Effective Policy & Practice, October 6-7, 2005, Washington, DC

For more information, contact Kate Spohr, 510-643-8837, e-mail: aia@berkeley.edu, or visit aia.berkeley.edu/training/annual_conference.html.

Family Retreat, October 20-23, 2005, Brainerd, Minnesota

For more information, contact MOFAS, 651-917-2370, or visit www.mofas.org.

Tools for Success Curriculum

- Louise Shabi-Ashkie, Fetal Alcohol Syndrome Project, Navajo Nation
- Leslie Evans, MS, North Carolina Teratogen Information Service
- Pam Gillen, RN, ND, University of Colorado Health Sciences Center
- Joyce Jorgenson, BA, State of New Hampshire
- Teresa Kellerman, FAS Community Resource Center
- Diane Kerchner, BA, The Neurodevelopmental Academy
- Linda LaFever, FAS Family Resource Institute
- Lisa Léandre, Parent Empowerment Network
- Vicky McKinney, FAS Family Resource Institute
- Jerome Romero, BA, University of New Mexico Center on Alcoholism, Substance Abuse, and Addictions
- Peggy Seo Oba, RDH, MPA, MBA, FAS Family Information Network
- Candace Shelton, MS, CSAC, Johnson, Bassin, and Shaw
- Diane Sistrunk, PhD, East Baton Rouge Parish Schools
- Marceil Ten Eyck, MC, Psychotherapist, Washington
- Ann Waller, MEd, FAS Family Resource Institute
- Frances Washington, MA, CACII, LPC, LGS, FASD Trainer, Maryland
- Georgiana Wilton, PhD, University of Wisconsin Department of Family Medicine



Stop and think.

If you're pregnant, don't drink.

For more information, visit fasdcenter.samhsa.gov or call 866-STOPFAS.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



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